

Case Number:	CM15-0008739		
Date Assigned:	01/26/2015	Date of Injury:	06/17/2013
Decision Date:	03/17/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/15/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New York, Pennsylvania, Washington

Certification(s)/Specialty: Internal Medicine, Geriatric Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 36 year old male with an industrial injury dated 06/17/2013 during a motor vehicle accident injuring his cervical spine, right knee and right ankle. His diagnoses include left cervical radiculopathy and neck pain. Diagnostic testing has included a MRI of the cervical spine (11/22/2013) showing a disc herniation at C5-C6 on the left with mild degenerative changes and x-rays of the right lower extremity showing normal findings. She has been treated with pain medications and cervical injections. In a progress note dated 11/24/2014, the treating physician reports neck pain with right upper extremity radiation despite treatment. The objective examination revealed left C5-C6 herniated disc per MRI. The treating physician is requesting Soma which was denied by the utilization review. On 12/04/2014, Utilization Review non-certified a prescription for Soma 350mg #120 with 4 refills; however, the rationale for this decision was not provided. There were no guidelines cited for this decision. On 01/15/2015, the injured worker submitted an application for IMR for review of Soma 350mg.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Ultracet 37.5/325mg with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 63-66.

Decision rationale: This injured worker has chronic pain with an injury sustained in 2013. The medical course has included numerous diagnostic and treatment modalities use of several medications including tramadol and muscle relaxants. Per the guidelines, non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The MD visit of 11/14 fails to document any improvement in pain, functional status or a discussion of side effects to justify ongoing use. The records do not support medical necessity for soma.